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04/15/2004

Ludomir A. Budzyn, Esq.
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 6900 Jericho Turnpike
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Julie Emerson	(Depositor's name)
<i>Julie Emerson</i>	(Signature)
May 28, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/978,383	10/16/2001	John E. Sherry	498-261	4258

TITLE OF INVENTION: AORTIC ARTERY ANEURYSM ENDOVASCULAR PROSTHESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, SUZETTE JAMIE	3738	623-001420

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1. VIDAS, ARRETT &
 2. STEINKRAUS, P.A.
 3.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCIMED LIFE SYSTEMS, INC

MAPLE GROVE, MN

USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Date)

5/28/04

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



13:39 FAX 952 563 3009

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John Sherry
Application No.: 09/978383
Filed: October 16, 2001
For: AORTIC ARTERY ANEURYSM ENDOVASCULAR PROSTHESIS
Examiner: Suzette Jamie Jackson
Group Art Unit: 3738
Firm Docket No.: S63.2B-11467-US01

Mail Stop Issue Fee

DATE: May 27, 2004 TIME: 1:34 FACSIMILE NO.: 1-703-746-4000
TOTAL NUMBER OF PAGES (including transmittal letter): 3

FACSIMILE TRANSMITTAL LETTER

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With respect to fees: ☐ No additional fee is believed to be required
☒ Charge \$1630.00 final issue fee and publication fee to our
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If any extension of time for the accompanying response is required or if a petition for any other matter is required, applicant requests that this be considered a petition therefore.

If any additional fees associated with this communication are required and have not otherwise been paid, please charge the additional fees to Deposit Account No. 22-0350. Please credit overpayment associated with this communication to the Deposit Account No. 22-0350.

Respectfully submitted,
VIDAS ARRETT & STEINKRAUS

Date: 5/28/04

By: [Signature]

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Julie Emerson